

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M21593

1. Entity Name
FLYING AUTO, INC.Principal Place of Business
10912 WILES RD
CORAL SPRINGS FL 33076
USMailing Address
10912 WILES RDCORAL SPRINGS FL 33076
US2. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.4. FEI Number
59-2593249
Applied For
Not Applicable5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLEISHER, ANDREW D.
65 WESTON BEACH
SUITE 300
FORT LAUDERDALE FL 33326

7. Name and Address of New Registered Agent

Name MICHAEL RUGGIANO

Street Address (P.O. Box Number is Not Acceptable)

9725 N.W. 36 MANOR

City CORAL SPRINGS FL Zip Code 33065

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *MICHAEL RUGGIANO* MICHAEL RUGGIANO (PRES) 3/7/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD Delete
NAME RUGGIANO, MICHAEL
STREET ADDRESS 9725 N.W. 36 MANOR
CITY-ST-ZIP CORAL SPRINGS FL 33065TITLE VD Delete
NAME RUGGIANO, SHEILA
STREET ADDRESS 9725 N.W. 36 MANOR
CITY-ST-ZIP CORAL SPRINGS FL 33065TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MICHAEL RUGGIANO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL RUGGIANO 3/7/02

Date

954-755-3340

Daytime Phone #

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90019 024 ***150.00



DO NOT WRITE IN THIS SPACE

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